

Wisconsin Department of Regulation & Licensing

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HEARING AND SPEECH EXAMINING BOARD

TEMPORARY LICENSE REQUEST TO PRACTICE AUDIOLOGY

TEMPORARY LICENSES MUST BE APPROVED BY TWO MEMBERS OF THE COUNCIL ON SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY. APPROVAL CANNOT BE GRANTED UNLESS A COMPLETED APPLICATION, REQUIRED FEES, AND ALL SUPPORTING DOCUMENTS ARE ON FILE.

NAME OF APPLICANT: (Please print) _____

Please check all that apply:

____ I am currently working on completing my clinical fellowship year.

____ I have taken the National Certification Examination for Audiology and am awaiting results.

____ I am scheduled to take the next National Certification Examination on ____/____/____ for Audiology.

AFFIDAVIT OF SUPERVISING AUDIOLOGIST

I wish to request that a temporary license to practice audiology in the State of Wisconsin be issued to _____ . I am aware that a temporary license may be issued for a period not to exceed 12 months and may be renewed once for 12 months or longer, at the discretion of the board.

Signature and Title

Agency/Department

Print Name and Wisconsin License Number

Street Address

City and State

Zip

Date